



What's new?

- * You now have two Independent Physician Association choices in the Cigna Limited Network plan.
 - Cigna KelseyCare
 - Renaissance IPA
- * Medical plan contributions are increasing
- * Reimbursement from your Healthcare Flexible Spending Account is easier with the AFLAC NOW card

The good news

Benefits remain the same for all plans - medical, dental and supplemental.

What do I need to do?

- * If you are happy with your current selections - **do nothing**, your coverage will remain the same
- * If you want to switch, drop or add plans or dependants, visit www.houstontx.gov/oe and complete the online enrollment form
- * Update your beneficiary - It's important that your beneficiary is up-to-date so that your benefits will be paid to the right person



Medical plan options

Cigna Limited Network Plan

- * Similar to an HMO
- * All your medical care comes from an IPA, either Kelsey-Seybold or Renaissance
- * Medical services provided outside of your IPA won't be covered, except for emergencies
- * You have the freedom to choose doctors within your IPA
- * There are copayments but no deductibles for medical services
- * 4-tier prescription-drug plan with a \$100 individual /\$300 family deductible

Cigna Open Access

- * Most like a PPO
- * You'll be able to visit any of the 572,800 providers in Cigna's national network without referrals, but only emergency services are covered out of network
- * Copayments for routine and specialists doctor visits
- * For other services, there is a deductible
- * After you've reached your deductible, you'll pay a 20-percent coinsurance for services
- * 4-tier prescription-drug plan - no deductible

Consumer-Driven Health Plan

- * Same spacious network as the Open Access plan, but it also allows you to go out of network at higher deductibles and coinsurance
- * This plan is the lowest monthly contribution option
- * High deductible of \$1,500 individual/ \$3,000 family
- * More money out of your pocket at time of service
- * Includes a health reimbursement account where the city pays the first \$500 to \$1,000, depending on which tier you are in
- * 4-tier prescription-drug plan; you'll pay a 20-percent coinsurance for all four tiers

Bi-weekly employee contributions

	Cigna Limited Network	Cigna Open Access	CDHP
Non-tobacco users			
Employee only	\$23.93	\$37.23	\$13.83
Employee + spouse	\$95.73	\$148.91	\$55.31
Employee + children	\$71.80	\$111.69	\$41.48
Employee + family	\$143.59	\$223.37	\$82.97

Enroll online at www.houstontx.gov/oe



Cigna Limited Network plan IPA comparison

Although providers and referral processes are unique to each, the benefits are exactly the same for the Cigna KelseyCare and Renaissance IPAs. Key differences are listed in the chart to the right.

- * Family members may be in different IPAs
- * You may switch between the IPAs effective the first day of the month following your request
- * If you would like to switch to Renaissance, find a PCP on the doctor directory found at www.houstontx.gov/oe and go online to mycigna.com or call Cigna to designate your PCP. Renaissance requires you to name a PCP.

IPA comparison		
	Kelsey-Seybold	Renaissance
Service area	Includes all Kelsey-Seybold clinics within 14 counties	12 counties
PCP	No	Yes
Pods	No	Yes - there are 11 geographical pods comprised of PCPs and specialists. Your care will be coordinated within the same pod as your PCP.
Referrals	No	Yes



Medical plan features at-a-glance

	Cigna Limited Network	CIGNA Open Access	Consumer-Driven Health Plan	
			In-network	Out-of-network
Health Reimbursement Account, plan deductibles, maximums				
Health Reimbursement Account	No	No	Yes City contributes \$500 individual / \$1,000 family	
Coinsurance	No	You pay 20%	You pay 20%	You pay 40%
Plan year deductible	No	\$400 Individual / \$800 Family	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
Plan year out-of-pocket maximum	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual /\$20,000 Family
Benefits				
Office visit	\$30	\$35	You pay 20%	You pay 40%
Specialist visit	\$60	CIGNA Care Network Specialist \$60 Non-CCN Specialist \$75	You pay 20%	You pay 40%
Preventive care	No Charge	No Charge	No charge	You pay 40%
inpatient hospital	\$500 copayment per day (\$1,000 per participant per plan year)	You pay 20%	You pay 20%	You pay 40%
Outpatient surgery	\$300 copayment per visit \$600 plan year maximum copayment	You pay 20%	You pay 20%	You pay 40%
Advanced radiological imaging	You pay a per scan copayment of \$100	You pay 20%	You pay 20%	You pay 40%
Hospital emergency room	No charge after \$200 per visit copayment	You pay 20%	You pay 20%	You pay 40%
Ambulance	No charge after \$100 per day copayment	You pay 20%	You pay 20%	You pay 40%
Urgent care services	No charge after \$60 per visit copayment	No charge after \$75 per visit copayment	You pay 20%	You pay 40%
Prescription benefits				
Prescription deductible	\$100 individual/\$300 family	No	No	
Generic	\$10	\$10	20% after plan deductible	
Preferred brand	\$45	20% (\$45 min/\$100 max)		
Non-preferred brand	\$60	40% (\$55 min/\$150 max)		
Specialty	\$100 - Only Cigna Home Delivery	40% (\$55 min/\$150 max)		



Wellness

Wellness is an integral part of the city's health plans and includes a health assessment, coaching programs, seminars, lifestyle management classes and much more. All available at no cost to the employee.

Employees are required to take the health assessment and participate in wellness coaching, or they will pay more in contributions.

And, as in years past, if you or a family member uses tobacco products, you will pay another \$25 per month in contributions.

Visit the enrollment website for more details.

Health assessment

- * Must be completed between July and September 2012
- * \$25-monthly surcharge if you choose not to participate
- * Need numerical biometric data, weight, height, HDL and total cholesterol, waist circumference and blood pressure to complete the assessment

Coaching engagement

- * Must be completed between October 2012 and March 2013
- * \$25-monthly surcharge if you choose not to participate
- * Three ways to get coaching
 - * Call and speak with a health coach
 - * Join an online coaching program and read three articles
 - * Attend a 45-minute health seminar (at limited worksites)



Dental plan options

We still have two great dental plans: the **DHMO**, a dental health-maintenance organization with a network of dentists and the **Dental Indemnity** plan, a traditional plan that lets you receive a comprehensive range of dental services from the provider of your choice anywhere in the United States.

The rates and benefits remain the same this year. For a plan comparison, visit the enrollment website.

Employee dental contributions		
	DHMO	Indemnity
Bi-weekly contributions for employees		
Employee only	\$4.50	\$15.79
Employee + one	\$10.34	\$36.33
Employee + family	\$14.18	\$49.75



Healthcare Flexible Spending Account

The HFSA is a voluntary pretax benefit that allows you to stretch your budget further by allowing you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your dependents incur.

This year, you will have access to the AFLAC NOW card, which acts like a debit card to qualifying eligible expenses. Simply present your card when paying copayments and other eligible expenses

For a list of eligible and non-eligible expenses, employee examples, a worksheet to help estimate your yearly expenses and more, visit the enrollment website.

HFSA at a glance

Minimum contribution: \$240 a year
Maximum contribution: \$2,500 a year
Plan year: May - April
Incur claims: May 1 - April 30
File claims: July 29
Administrator: FLEXONE



Supplemental Insurance

Supplemental insurance gives you protection against the unexpected. There are three plans available:

- * **Hospital-indemnity** pays you a daily cash benefit while you or a covered dependent is hospitalized.
- * The **accident/disability** plan provides a benefit if you or a covered dependent is injured or becomes disabled due to an accident covered by the plan.

- * The **personal cancer protection** plan provides supplemental insurance for you or a covered dependent diagnosed with cancer.

There are no changes to rates or benefits this year. Contact Aflac at 281-440-1133 or go online to www.aflac.com for more information or to enroll in a supplemental insurance plan.



Eligibility and enrollment

You are eligible for employee coverage if:

- * You're a full-time employee or part-time employee regularly scheduled to work at least 30 hours a week.
- * You're a survivor of a deceased city employee, up to age limits and application of other plan rules.
- * You're a deferred-retired employee who will become eligible to receive a pension within five years after termination, and you continuously pay the monthly retiree contribution for health coverage.

Your eligible dependents are defined as:

- * Legal spouse
- * Natural or adopted children to age 26
- * Children to age 26, over whom you have legal guardianship or legal foster care
- * Grandchildren and stepchildren to age 26 if they qualify as your dependents for federal income-tax purposes and live with you
- * Disabled dependents over age 26 who are incapable of self-sustaining employment because of mental retardation or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and approved for coverage after age 26
- * Dependent children who lose Medicaid coverage may be enrolled under the employee's medical plan within 31 days after Medicaid coverage is lost. They may be covered to age 26
- * Dependents for whom a court order has been received requiring the employee to provide health-care coverage, provided HR benefits receives the court order within 31 days after issuance. After a divorce, an ex-spouse is not eligible. A divorce decree may not be amended to require an employee to cover an ex-spouse under a city medical plan.

Changes to your benefits are limited to open-enrollment periods, unless you have a qualified change in family status. The change in benefits must be consistent with the status change.

Qualified family-status changes include:

- * Marriage or divorce
- * Birth or adoption of a child
- * Death of a dependent
- * A dependent child reaches age 26, or becomes eligible for coverage under another plan
- * A spouse's loss of coverage
- * A spouse becomes employed and enrolls in that employer's benefits program
- * You or your spouse change from full-time to part-time employment or vice-versa, or you experience a significant change in your spouse's benefits or premium payments
- * A dependent loses Medicaid medical coverage

If you have a family-status change, you must log onto ChoiceLinx to add or drop a dependent and submit relationship documentation within 31 days of the change. Submit documents to Benefits, 611 Walker 4th Floor, Houston, TX 77002

Enrolling in a plan

Enrollment will be online. Visit www.houstontx.gov/oe between April 1 - 17 to make changes or elections.

If you add new dependents, you have until April 30 to provide the necessary documentation, or those dependents will not have coverage. Documents include marriage license and birth certificates.

Any questions?

For more detailed information, plan summaries, enrollment tools and more, visit the website at www.houstontx.gov/oe.



Contacts

Cigna

800-997-1406

cityofhouston.serviceinquiries@cigna.com

www.mycigna.com

United Healthcare (National Pacific Dental)

866-605-2599

DHMO | www.yourdentalplan.com/npd

Indemnity | www.myuhcdental.com

AFLAC

281-440-1133

aflac.com